

SENT VIA EMAIL OR FAX ON  
Mar/12/2010

## Applied Assessments LLC

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Mar/05/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Chronic Pain Management X 10 sessions

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Chiropractor  
AADEP Certified  
Whole Person Certified  
Certified Electrodiagnostic Practitioner  
Member of the American of Clinical Neurophysiology  
Clinical practice 10+ years in Chiropractic WC WH Therapy

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines  
Denial Letters 1/8/10 and 1/21/10  
11/18/09 thru 2/11/10  
FCEs 11/18/09 and 5/12/09

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee was involved in an occupational injury on xx/xx/xx when attempted to sit down in a chair that was broken and fractured his coccyx. He has had 2 steroid injections,

15 sessions of therapy, pharmaceutical management, x-rays, FCE, psychological evaluation, orthopedic evaluation, and pain management evaluation. A 10 day trial of chronic pain management is now being requested.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The injured employee currently does meet the required guidelines for the minimum 10 sessions of chronic pain management.

The injured employee meets the guideline criteria as listed below numbers 1 through 11. The numbers correspond with the ODG criteria numbers

1. Chronic pain syndrome with pain beyond 3 months duration,(a) uses prescription drugs, (b) has a dependency on health care providers, (c) de-conditioned per FCE, (d) withdrawal from work and social contacts, (e) not at pre-injury status, (f) developed psychosocial sequelae see psychological interview, (g) does not have a personality disorder.
2. Loss of function per FCE.
3. Prior methods of chronic pain have been unsuccessful
4. Not a candidate for additional injections, as he had 2 LESI, or surgery, as patient was seen by Orthopedic surgeon
5. Has undergone a multidisciplinary evaluation
6. Is willing to decrease medication
7. Negative predictors are being addressed.
8. Timing of program
9. Treatment is not suggested longer than 2 weeks.
10. Total treatment not to exceed 20 sessions.
11. No re-enrollment in same or similar program.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)